



# Application for Office Kingdom of Ansteorra

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

SCA Name: \_\_\_\_\_

Titles (if any): \_\_\_\_\_

SCA Group and Region: \_\_\_\_\_

Group's City: \_\_\_\_\_ Group's State: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Membership type:  Sustaining  International  Associate  Family

*If Associate, please provide proof of residence with someone receiving The Black Star (i.e. copy of the mailing label).*

Have you included a copy of your membership card?  Yes  No

Position being applied for: \_\_\_\_\_

Previous positions held: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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*Please include any pertinent qualifications or skills that you feel would benefit in your appointment to this position.*